



Nisqually Youth Wellness: Afterschool Program

Parents/Guardians and Students, the Nisqually Youth Wellness Program would like to welcome your child to the After School Program. We are looking forward to building new friendships, creating lasting memories, and having lots of fun while providing educational opportunities, tutoring, and assisting with creating and achieving your child's academic and social-emotional goals!

How to Apply for the After-School Program

Who is eligible to apply?

School-age children ages 6 to 17 years of age, that are;

1. Nisqually Tribal Member Children
2. Children of a Nisqually Tribal Member
3. Nisqually Community Members Working and/or Residing on the Nisqually Reservation

Program eligibility is on a first come first serve basis

Availability is Limited

To be considered eligible all areas within the attached registration packet must be complete.

Should you have any questions, please email Youth Services at: youthservices@nisqually-nsn.gov

Nisqually Youth Services After School Program includes ALL SERVICES PROVIDED BY THE YOUTH PROGRAM

this includes: afterschool services Mon.-Fri. 2 PM-6 PM, tutoring/homework help, field trips (Zoo, Defy, Laser Fun Zone, Nisqually River, Wildlife Refuge, etc.) family events off-site (Family Fun Center, Skate-land, Movie Theater, etc.), sports clinics, on and off-site classes (Maker's Space, Snowboarding, etc.), Summer Youth Employment Program (SYEP), seasonal camps, and more.

Nisqually Youth Services also partners with North Thurston Public Schools (NTPS) and Yelm Community Schools (YCS) to provide on-site support services in collaboration with the school district's Indian Education Program. This includes supporting the academic and social-emotional needs of the child. (see page 7). On-site school visits will vary Mon.-Fri. from 9 AM- 2 PM.

The attached registration must be on file for your child to attend any Youth Program Event or Service, this form is important for program staff to note your child's allergies, health history, emergency contacts, authorization for transportation, photos, school communication, etc.

This Packet must be reviewed annually, and parents/guardians must notify program staff of any changes.

Should the parent/guardian have any questions please contact youthservices@nisqually-nsn.gov



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Child Health History

We would appreciate your help in completing your child's health history information so that we can ensure the best possible care for him/her.

Primary Healthcare: _____
Name of Health Care Facility Address

Name of Provider/Doctor: _____ Phone: _____

Child's Medical History: Does your child have any of the following? If yes, please mark X next to the following:

Allergies (<i>see below</i>)	Diabetes (<i>see below</i>)	Seizure Disorder
Asthma (<i>see below</i>)	Dietary Restrictions	Skin Condition/Eczema
Behavioral Concerns	Frequent Headaches/Migraines	Stomach/Intestinal Concerns
Bladder or Bowel Concerns	Hearing Problem	Urinary/Kidney Disorder
Blood Disorder	Heart Condition	Vision Problems
Brain (injury, conditions, surgery)	Physical Disabilities	Glasses or Contacts
Other:		

Allergies: If your child has any of the following, please mark X and explain:

Bee Sting Allergy:
Food Allergy:
Other Allergies:

***Has your child ever been advised by your licensed healthcare professional to keep an EpiPen?** YES NO

If you checked YES to EpiPen above, your child must have a physician order and EpiPen in place prior to the first day of camp.

Asthma: Please check if applicable Allergies Exercise Irritants Respiratory Infections Weather (cold air)

If you checked YES for asthma above, please complete an asthma care plan prior to the first day of camp.

Life-Threatening Conditions: If your child has a life-threatening condition such as; diabetes, heart condition, or seizure disorder. Please contact Youth Operations Manager for a health care plan.

Other Health Information: Does your child have a health problem that affects his/her daily living or camp participation? If YES explain:

List any significant injuries or operations:



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Is your child required to take medications: YES NO

If YES, please list medication name(s) and reason for medication

See "NYW Program Handbook" for Illness and Medication Procedures.

Authorization

Please read and initial by each box below.

_____ Program Staff has permission to seek medical attention for my child due to injury or illness (including transporting the child to a medical facility for treatment and care).

_____ I, the Parent/Guardian will be notified should my child become ill and it will be necessary to have my child picked up as soon as possible. Should my child be exposed to a contagious disease, I agree to notify the program manager. I understand that my child may not attend the afterschool program until s/he is no longer contagious, I agree to provide written authorization from the doctor if asked.

_____ If my child does not attend school due to illness, injury, or suspension, my child may not attend the after-school program that day.

_____ Program Staff has permission to transport my child to and from the program in a Nisqually Tribe Vehicle. I understand a Transportation Authorization Form must be signed prior to transporting.

_____ Program Staff has permission to transport my child to and from field trips throughout the program's calendar year, I understand permission slips must be signed in advance to attend a field trip.

_____ The Youth Wellness Program is not responsible for lost, stolen, or damaged items.

_____ My child has permission to watch movies rated PG-13.

_____ Program Staff has permission to take pictures of my child and use my child's name for newsletter articles, various flyers, etc. to promote events and/or reports on our program.

_____ I, Parent/Guardian have received a copy of the Program Handbook and agree to follow all rules and expectations.

_____ I, Parent/Guardian will review the Program Handbook with my child and my child will be aware of all rules and expectations prior to the first day.

Disclaimer and Signature

I certify that the information is complete to the best of my knowledge and I have read and reviewed all rules and expectations of the Nisqually Youth Wellness Program Handbook

Parent/Guardian Signature: _____

Date: _____



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Program Handbook

General Information

After-School activities will be located in the Billy Frank Gym, Youth Wellness Center, and other locations around the tribe. For any field trips, parents will be given advanced notice, including drop-off and pick-up times.

After-School Program Hours: Hours are 2:00 PM to 6:00 PM Monday through Friday. Afternoon snacks will be provided. On-site school visits will vary Monday through Friday from 9:00 AM to 2:00 PM. School Closures, early release, and Spring/Winter break hours are TBD.

If my child is left waiting more than one hour beyond closing and Program Staff have exhausted efforts to contact a parent/guardian, local law enforcement will be notified.

The Nisqually Youth Wellness Program follows all tribal holidays and closures. The program will work closely with local schools to extend hours during parent/teacher conferences. School Breaks/Closures: The youth Wellness Program may offer a separate program/camp and additional registration or sign-up may be required. In this event, your child's slot may not be guaranteed.

Check-in /Check-out: For child safety, children must be signed in and out for all arrival and departure times each day. Special arrangements can be made for children walking or riding a bus. For the protection of your child, our staff is only authorized to release children to those people who are listed on the "Emergency Contact List". Authorized individuals picking up your child, staff must have prior notice.

Things to Bring and Wear: We ask that you send your child in play clothes and have them wear appropriate shoes. This is to ensure your child is comfortable and safe. Please have your child dress appropriately for the weather/season, the program will have outdoor activities and/or field trips rain or shine.

Field Trips: We will be using tribal vehicles/vans in conjunction with North Thurston Public School/First Student bus and bus driver for transportation on field trips. Field trips may be offered in addition to regularly scheduled activities. The Parent/Guardian understands that permission slips must be signed in advance and additional waivers may be required to participate. All Parents/Guardians must complete a Volunteer Form in order to attend any field trips.

Should a field trip exceed regular hours of operation the parent/guardian will be notified and an estimated drop-off time will be given, and an alternative pick-up location at the field trip location may be granted.

Should a child behave in a manner that is unsafe and/or if the child engages in non-constructive behavior the child may be unable to attend the next field trip.

Illness/ Medication: In the rare case your child is sick; please do not send them to the Nisqually Youth Wellness Program. Your child will be better served at home until s/he is better. We do not have the staff or facilities to take care of sick children. If your child has a fever, active rash, nausea, diarrhea, sore throat, stomach pain, and/or if s/he is not well and displaying symptoms of illness s/he will be isolated and kept comfortable while the parent/guardian is notified for immediate pickup. If removal from the program is warranted, the parent/guardian will be notified and asked to pick up the child promptly. If the parent cannot be reached, emergency contacts will be called.

Our staff is not permitted to administer prescription or non-prescription medication to children. Staff may only witness a child self-administer their medication, and only with written authorization by the child's physician and/or parent/guardian. If your child takes medication regularly or for a temporary condition, staff must be provided specific instructions to ensure safety and proper use of medication is being self-administered. If needed, medication can be secured and made available upon request by the child.

Injuries: All minor injuries will be treated by our staff, and parents/guardians will be notified via an Incident Report and/or at the time of pickup. If staff feel that the child should receive medical treatment, staff will notify you immediately.

Emergency Procedures: In case of a serious injury or illness, the following procedures will be followed:

- Call 911
- Administer First Aid/ CPR
- Contact parent/guardian or emergency contact
- File Accident/Medical Report



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Program Expectations

The goal of the Nisqually Youth Wellness Program is to provide a safe, rich, fun, and warm environment for all children enrolled in the program. We encourage children to use kind words, have safe bodies, and be respectful of the environment. When a child engages in non-constructive behaviors (such as hitting and calling names) our staff utilizes behavioral management strategies that include verbal redirection, close physical proximity, physical intervention, and positive praise, motivation with materials and activities, consistent routines, and clear, achievable expectations. If these strategies are unsuccessful, the following disciplinary actions may be taken.

Disciplinary Actions: Discipline is an essential factor and very necessary in organizing and maintaining a group of children. Certain limitations and guidelines will be set and enforced in order to have a successful program. It is our goal to help each child develop self-control, as well as respect for others. If you have any questions or concerns regarding this system, please contact Kevin Moore, Youth Operations Manager at 360-480-2441, or Ashley Rosado, Office Manager at 360-790-2611. Note: Should any child behave in a manner that threatens the safety of children, staff, or themselves, the individual may be suspended or immediately dismissed from the program.

Disciplinary Actions are as follows:

- 1st Warning: The child will be removed from the group and their behavior will be discussed with their designated Youth Coordinator and/or Youth Operations Manager.
- 2nd Warning: The child will be removed from the group and given a break in a quiet area to allow the child to respire. The behavior will be discussed with the child by Youth Coordinator and/or Youth Operations Manager.
- 3rd Warning: The child will be removed from the group and referred to their designated Youth Coordinator or Youth Operations Manager. Parents will be notified and a meeting may be requested.

*All incidents are documented via an Incident Report; a copy will be sent home at end of the day.

Program Rules:

1. Children must keep their hands and feet to themselves at all times. This means no hitting, biting, scratching, or throwing items at other campers.
2. Children must use words that respect themselves and others. Abusive or vulgar language and teasing will not be tolerated.
3. Children must follow all rules including staff instructions at all times.
4. Children must let their Youth Coordinator know their whereabouts at all times. This includes restroom and drink breaks.
5. Please leave valuable clothing, jewelry, and money at home. Children are asked not to bring toys, radios, headsets, and/or personal items to the Youth Wellness Program. Staff are not responsible for lost or stolen items.
6. Please mark all items with your child's name for easy identification. Clothing left at the Youth Wellness Program will be placed in the "lost and found", and if left unclaimed, all items will be taken to the Clothing Bank. (Items will be sent to the Clothing Bank at the end of each school term i.e. Fall, Winter, Spring.)
7. Youth staff will utilize a "buddy system." No child will be left alone or permitted to leave an activity area without permission and a "buddy" (this excludes restroom breaks).

Thank you for taking the time to read the Nisqually Youth Wellness Program Handbook.
We look forward to a fun and exciting time with your child (ren).



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School Communication & Conference Consent Form

Student's Name: _____

School Attending: _____

Grade: _____

Teacher's Name: _____

Principal's Name: _____

The Nisqually Youth Wellness Program encourages communication between youth coordinators, members, parents/guardians, and classroom teachers to ensure learning goals for members are clear and consistent. Allowing youth coordinators to communicate with their child's teacher/school will help youth coordinators gain greater insight into their child and best meet their child's academic and social-emotional needs.

By signing this form, I grant permission for the Nisqually Youth Wellness Program to contact my child's teacher(s) and/or school district to receive reports and communication with my child's teacher. This information allows youth coordinators to best support my child's academic and social-emotional needs.

My participation in this communication is always welcomed and encouraged. If my child is enrolled in the Nisqually Youth Wellness Tutoring Program, the tutoring coordinator may contact me regarding my child's progress or discussion with the school.

Parent/Guardian – Print Name

Date

Parent/Guardian – Signature

Date



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Transportation Authorization Form

To insure your child's transportation safety to and from the Nisqually Youth Wellness Program prior authorization must be completed.

Child's Name:

Last

First

M.I.

DOB: _____

Age: _____

Grade: _____

I, parent/guardian of _____ grant permission for Nisqually Youth Wellness Program staff to transport my child in an authorized Nisqually Indian Tribe Vehicle for the following reasons:

To and From Home/School: **Yes** **No**

For emergencies only, Ex. The child missed the bus and the parent/guardian is unable to transport them; or, the child is in Middle School and registered for Homework Help/Tutoring with Nisqually Youth Services.

Name of School/Home

Address

City/State

Zip

Phone

To and From Other: **Yes** **No**

On a need basis, the program is unable to provide regular transportation services, services may be used if the parent/guardian exhausted all other transportation needs.

Name of Other

Address

City/State

Zip

Phone

Please Specify the Reason:

Print Name - Parent/Guardian

Signature - Parent/Guardian

Date